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13

Number of Pages (including this page)

Date: November 25, 2005

To: Examiner Tran, Congvan

Location: United States Patent and Trademark Office

Fax No.: 1 (571) 273-8300 Centralized Facsimile

From: Larry G. Brown

Docket No. CE11719JSW Boyd, et al.

Confirmation No.: 6680

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MESSAGE:

In connection with the above-identified Patent Application, please find attached herewith the following documents:

- Transmittal Form;
- Two-Month Extension of Time (in duplicate); and
- A nine (9) page Amendment;

PLEASE DELIVER THESE PAPERS TO:

EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:

Tran, Congvan
2683
10/696,756
October 29, 2003
RALPH W. BOYD

CERTIFICATE OF FAX TRANSMITTAL

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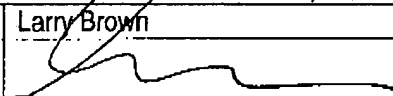
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/696,756	
	Filing Date	October 29, 2003	
	First Named Inventor	Ralph W. Boyd	
	Group Art Unit	2683	
	Examiner Name	Tran, Congvan	
Total Number of Pages in this Submission	12	Attorney Docket Number	CE11719JSW

ENCLOSURES		(check all that apply)	
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request X Two Month <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement without prior art refs. <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	Remarks X Facsimile Transmittal

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Date	November 25, 2005		

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